

Federal Employees' Compensation Act FAQs for Employees

1. What do I do if I am injured at work?

If you are injured at work, you may be entitled to injury compensation benefits provided under the Federal Employees' Compensation Act. Federal employees have certain rights and responsibilities in filing for these benefits. Immediately report any work-related injury to your supervisor and obtain first aid as necessary. If your injury requires medical treatment, obtain care as soon as possible. If you sustain a traumatic injury and medical treatment is needed, you may obtain a Form CA-16, Authorization for Examination and/or Treatment, from your supervisor, the installation Medical Treatment Facility (MTF), or Injury Compensation Program Administrator (ICPA). To protect your rights and receive benefits as quickly as possible, please do not delay in reporting work-related injuries.

You have a right to choose your treating physician. You may elect to be treated by a physician at an MTF (if available) or by a duly qualified physician of your choice. You must notify your supervisor of your preferred choice prior to scheduling an appointment. Your choice of physician must be honored, and treatment must not be delayed.

To protect your rights to certain benefits, complete the Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, or CA-2, Notice of Occupational Disease and Claim for Compensation, electronically using Electronic Data Interchange (EDI) with your supervisor as soon as possible, but not later than 30 days after your injury. Complete a Form CA-1 if your injury results from a specific event or a series of events during one day or shift. If you develop a condition due to prolonged exposure lasting more than one day or shift, complete a Form CA-2. Your supervisor will transmit these forms to the appropriate ICPA. Complete these forms as precisely as possible in order to avoid delays caused by the need for additional information. Although your supervisor or other agency representative may assist you, it is your responsibility to obtain the information needed to support your claim.

If you are temporarily unable to work because of your injury, you need to keep your supervisor informed about your medical condition, and return to work as soon as your physician allows you to do so. Light duty assignments may be available if you are not able to perform your regular job, and if so, you must advise your physician.

2. What is the difference between a 'Traumatic Injury' and an 'Occupational Disease or Illness'?

A *traumatic injury* is a wound or other condition of the body caused by external force, including stress or strain. The injury must occur at a specific time and place, and it must affect a specific member or function of the body. The injury must be caused by a specific event or incident, or a series of events or incidents, within a single day or work shift. Traumatic injuries include damage solely to or destruction of prostheses, such as

dentures or artificial limbs. Traumatic injuries also include damage to or destruction of personal appliances, such as eyeglasses or hearing aids, when a personal injury requiring medical services occurred.

An *occupational disease or illness* is a condition produced by the work environment over a period longer than one work day or shift. The condition may result from infection, repeated stress or strain, or repeated exposure to toxins, poisons, fumes or other continuing conditions of the work environment. The length of exposure, not the cause of the injury or the medical condition which results, determines whether an injury is traumatic or occupational. For instance, if you are exposed to toxic fumes for one day, the incident is considered a traumatic injury. If you are exposed to toxic fumes for two or more days, the incident is considered an occupational disease.

3. Is it necessary to report all injuries that occur at work, even minor ones such as a cut finger or bumped knee?

All injuries should be reported when they occur, since a minor injury sometimes develops into a more serious condition. Benefits cannot be paid unless an injury is reported.

4. How do I file a claim?

You need to work together with your supervisor to complete either form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, or form CA-2, Notice of Occupational Disease and Claim for Compensation. A traumatic injury is one that can be pinpointed to have occurred during one particular work shift – falling down the steps for example. An occupational disease is a medical condition that has developed due to work activities performed over more than one work shift. Both the CA-1 and the CA-2 are available for electronic submission at

<https://extranet.apps.cpms.osd.mil/Divisions/Benefits%20and%20Worklife/Injury%20and%20Unemployment%20Compensation%20Branch.aspx>. Click on the 'File Claims Online' link in the right hand column under Products and Services.

If you are submitting a CA-2, you should also review the appropriate CA-35, Evidence Required in Support of a Claim for Occupational Disease, form/checklist. There are several of these detailing the different types of documentation to be submitted depending on the type of occupational disease. Work with your servicing Injury Compensation Program Administrator to complete the appropriate CA-35.

If you are still employed by the federal agency where you worked when the injury occurred, submit the requested documentation to your employing agency. Be sure to keep a copy of everything for your records. Your agency will complete its portion of the CA-1 or CA-2 and submit the entire packet to the Office of Workers' Compensation Programs (OWCP) district office. The OWCP will advise you of the claim number which

has been established. The district office will review the information submitted and will determine if there is sufficient information to adjudicate the claim. If there is insufficient information to adjudicate the claim, they will send you a letter advising of the additional information needed.

If you are no longer employed by the federal government, you should submit the completed form to the federal agency where you worked when the injury or disease was sustained. If the agency no longer exists or you experience difficulties in submitting the form, you should contact your servicing OWCP district office for assistance. District office jurisdiction is determined by where you live. A listing of the district offices is on line at <http://www.dol.gov/owcp/contacts/fecacont.htm>.

5. Is there a timeline for filing a claim?

In most cases, the CA-1 must be submitted by the agency to the Office of Workers' Compensation Programs (OWCP) within 10 days of notification by the employee. The Federal Employees' Compensation Act provides that a claim for compensation must be filed within 3 years of the date of injury. For a traumatic injury, the statutory time limitation begins to run from the date of injury. For an occupational disease or illness, it begins to run when an injured employee with a compensable disability becomes aware, or reasonably should have been aware, of a possible relationship between the medical condition and the employment. Where the exposure to the identified factors of employment continues after this knowledge, the time for filing begins to run on the date of the employee's last exposure to those factors. If a claim is not filed within 3 years, compensation may still be paid if written notice of injury was given within 30 days or if the employer had actual knowledge of the injury within 30 days after it occurred. There is nothing to prohibit you from filing the claim. Timeliness is determined by the OWCP district office as part of the adjudication process.

6. How am I advised when a case has been accepted?

In very simple cases, you will receive a postcard advising that medical expenses up to a specified amount will be paid without further information being required. In other cases, you will receive a letter stating what the injury-related medical conditions are and explaining how to claim further benefits.

7. What office do I call about my claim?

Your Injury Compensation Program Administrator is the first person to consult with questions about your claim. You may also contact the local Office of Workers' Compensation Programs (OWCP) district office. Claims are generally handled based on the geographical area in which the injured worker lives. A listing of the district offices and their contact information is available on line at

<http://www.dol.gov/owcp/contacts/fecacont.htm>. The Claimant Query System (CQS) also provides injured workers with 24-hour access to their case file status, accepted conditions, address of record and compensation payments and tracking. The CQS is accessible via the the OWCP's Web Bill Processing Portal at: <http://owcp.dol.acs-inc.com/portal/main.do>.

8. Are only regular, full-time employees eligible for Federal Employees' Compensation Act (FECA) benefits?

No. FECA coverage is extended to Appropriated Fund employees regardless of the length of time on the job or the type of position held. Probationary, temporary, and term employees are covered on the same basis as permanent employees. Also, part-time, seasonal, and intermittent employees are covered.

9. Are all work-related injuries covered under the Federal Employees' Compensation Act?

All kinds of injuries, including diseases caused by employment, are covered if they occur in the performance of duty. However, benefits cannot be paid if injury or death is caused by willful misconduct of the injured employee, by intent to bring about the injury or death of oneself or another, or by intoxication of the injured employee.

10. Does the Federal Employees' Compensation Act cover a pre-existing medical condition that is aggravated by factors of employment?

Yes. Diseases and illnesses aggravated, accelerated or precipitated by the employment are covered. The employee must submit medical and factual evidence showing that the employment aggravated, accelerated, or precipitated the medical condition.

11. How do I claim compensation for the wages lost due to my injury?

If you have a loss of wages you may be entitled to Continuation of Pay (COP) for 45 days following the traumatic injury, provided your absence from work is supported by medical documentation. COP is a continuation of your regular pay with no charge to sick or annual leave; it is subject to taxes and all other usual payroll deductions. After the COP period expires, if you are still unable to work, you will be placed in a Leave Without Pay status as a result of the accepted condition(s) on your claim. You will need to file a CA-7, Claim for Compensation, with your agency at least 7 working days prior to the expiration of the COP period. If the period claimed on the CA-7 is intermittent, you need also to complete a CA-7a, Time Analysis Form. Both of these forms are available at <http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm>. You need to provide

medical documentation supporting any periods of disability claimed. Your agency will complete its portion of the CA-7 and submit it and the medical documentation to your Injury Compensation Program Administrator who will forward it to the Office of Workers' Compensation Programs (OWCP). The OWCP will determine if there is sufficient information on file to pay compensation for the periods claimed or if further information/development is needed. If your claim is accepted and you are granted compensation, the OWCP pays 66 2/3% of your pay rate (if you have no eligible dependents) or 75% (if you have at least one eligible dependent). Beneficiaries should refer to Internal Revenue Service publications for up to date tax information.

12. Do I have to use sick or annual leave after my Continuation of Pay is consumed?

While you may use sick or annual leave, this is not required, and doing so can cost a significant amount of money to repurchase. It is often preferable to use Leave Without Pay (LWOP) and claim compensation instead. You should make this decision only after reviewing the information stated on Form CA-7b, Leave Buy Back (LBB) Worksheet/Certification and Election. You must be in LWOP status before compensation is payable.

13. How do I buy back the leave I took for my injury?

If you used leave to cover the period of disability beyond Continuation of Pay resulting from the accepted injury, you can apply to your agency to buy back your leave. To request Leave Buy Back (LBB), you must complete a CA-7, Claim for Compensation, and check box b in section 2. You also must sign form CA-7b, LBB Worksheet/Certification and Election, after it has been completed. If the period you claimed was intermittent (not a continuous period of full days), you also need to complete a CA-7a, Time Analysis Form. Each of these forms is available at <http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm>. Army allows LBB if the leave occurred within the last year.

Submit these forms to your Injury Compensation Program Administrator (ICPA). They will complete their portion and forward them to the Office of Workers' Compensation Programs (OWCP) for processing. There needs to be medical documentation in the OWCP file supporting your inability to work as a result of your accepted medical condition for any period where LBB is claimed. You may submit the medical documentation to the ICPA along with your LBB packet. Please note your claim number on every page, send only single sided copies, and be sure to keep a copy for your records. The OWCP pays compensation at 66 2/3% of your pay rate (if you have no eligible dependents) or at 75% (if you have at least one eligible dependent), while official leave is paid at 100% of your pay rate. To buy back your leave, you have to pay your agency the difference between what you were paid and what you would have received for compensation. For example, if you have at least one eligible dependent

and your pay rate was \$1000 per week, the OWCP would pay you \$750 in compensation ($\$1000 \times .75$) if you took a week of leave. To buy back your 40 hours of leave, you need to pay your agency \$250 ($\$1000 - \750). Also note the entire LBB process may take up to one year.

14. How can I find out about the status of the CA-7 I filed for wage loss compensation?

The Office of Workers' Compensation Programs (OWCP) has a toll-free automated system (Interactive Voice Response, or IVR system), available 24 hours a day, 7 days a week, which provides information regarding specific claims. By calling 1-866-OWCP-IVR (1-866-692-7487), injured workers and their representatives may access information regarding case status and wage loss compensation payments. Injured workers should have their 9-digit case file or claim number and social security number when calling. The Claimant Query System (CQS) also provides injured workers with 24-hour access to their case file status; accepted conditions; address of record and; compensation payments and tracking. The CQS is accessible via the OWCP's Web Bill Processing Portal at: <http://owcp.dol.acs-inc.com/portal/main.do>.

15. How do I receive my compensation payment via direct deposit?

To receive compensation payments via Electronic Funds Transfer (EFT), complete form SF-1199a, Direct Deposit Form, and mail it to the U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY, 40742-8300. You must ensure your case file number is on the form. The SF-1199a is available on a variety of websites including the General Services Administration (GSA) site at <http://www.gsa.gov/portal/forms/download/115702>.

16. How do I claim a Schedule Award?

If you have permanent loss of use of certain body parts or organs, you may request a Schedule Award by submitting a CA-7, Claim for Compensation, checking box d in Section 2, and an impairment rating completed by your treating physician. The impairment rating can only be completed after maximum medical improvement has been reached and must be supported by medical evidence provided by your treating physician. The CA-7 is available on line at <http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm>.

If you are still employed by your federal agency, complete your portion of the CA-7 and submit it to the Injury Compensation Program Administrator at your servicing Civilian Personnel Advisory Center. He/she will complete his/her portion and forward the CA-7 to the Office of Workers' Compensation Programs (OWCP). If you are no longer employed by your federal agency, complete your portion of the CA-7 and submit it to the

OWCP at the U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY, 40742-8300. As is the case with anything you send to the OWCP, please note your claim number on every page, send only single sided copies, and be sure to keep a copy for your records. If information is needed from your former employing federal agency, the OWCP will contact the agency to obtain it.

17. How are Schedule Awards processed?

Once the completed CA-7, Claim for Compensation, and the impairment rating have been received, reviewed, and determined to appear complete by the claims examiner, he/she forwards it to the District Medical Advisor (DMA) for review. In some situations, the claims examiner must develop the claim by contacting the claimant, employer, or rating physician for additional information. In some cases, the claimant must be referred to a second opinion medical examination to obtain a complete impairment rating.

18. Why doesn't the Office of Workers' Compensation Programs (OWCP) Interactive Voice Response (IVR) system (1-866-692-7487) tell me the status of the CA-7, Claim for Compensation, I filed for a Schedule Award?

The OWCP IVR only provides information regarding wage loss compensation payments. A Schedule Award is not wage loss compensation. If further information is needed about the status of a Schedule Award claim, you may go to the Claimant Query System (CQS), which provides injured workers with 24-hour access to their case file status; accepted conditions; address of record and; compensation payments and tracking. The CQS is accessible via the OWCP's Web Bill Processing Portal at: <http://owcp.dol.acs-inc.com/portal/main.do>.

19. How do I learn my claim number?

When a case is created, you will receive a postcard or a letter in the mail which includes the claim number and basic information about available benefits. You may also learn your claim number by calling the district office with jurisdiction over your claim, or the toll free number 1-866-OWCP-IVR (1-866-692-7487). Provide your name, social security number, date of birth, and date of injury. Claims are generally handled based on the geographical area in which the injured worker lives. A listing of the district offices and their contact information is available on line at <http://www.dol.gov/owcp/contacts/fecacont.htm>.

20. Can I communicate with my claims examiner by email?

Pursuant to policy established by the Department of Labor, Employment Standards Administration, the Office of Workers' Compensation Programs (OWCP), Division of Federal Employees' Compensation, email communication on case specific inquiries is not allowed due to security concerns. In order to protect the identities and personal information of claimants under the Federal Employees' Compensation Act and to allow better tracking of incoming communications, email is not used to communicate with claimants and representatives.

To correspond with the OWCP, please send mail to the U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY, 40742-8300. As is the case with anything you send to the OWCP, please note your claim number on every page, send only single sided copies, and be sure to keep a copy for your records.

21. How do I change my address with the Office of Workers' Compensation Programs (OWCP)?

To change your address with the OWCP, send a signed letter/statement to the OWCP at the U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY, 40742-8300, advising of your new address. Telephonic contact is not sufficient for the OWCP to change an address. Another acceptable document for an address change is the form SF-1199a, Direct Deposit Form, used to elect receipt of compensation payments by electronic funds transfer. As is the case with anything you send to the OWCP, please note your claim number on every page, send only single sided copies, and be sure to keep a copy for your records.

22. Why is it so important that my claim number be on every page of anything I send to the Office of Workers' Compensation Programs (OWCP)?

When mail is received in the Central Mailroom in London, KY, it is scanned into the appropriate file in the computer system based on the claim number listed on the incoming documentation. When there is no claim number, efforts are made to determine the correct claim based on other identifying information in the incoming correspondence. This can take some time, and, in many instances, mail can never be scanned into a claim because of lack of identifying information. To ensure that correspondence you send to the OWCP is scanned into your claim in a timely fashion, it is imperative that you list your OWCP claim number on every page you send. Be sure to provide your claim number to all parties submitting documentation on your behalf.

23. What form do I use to let the Office of Workers' Compensation Programs (OWCP) know that I have named someone as my authorized representative?

There is no form used for naming someone as an injured worker's authorized representative. If you wish to name someone (spouse, union representative, attorney, etc.) as your authorized representative, you need to send the OWCP a signed statement naming that person as your authorized representative. This statement needs to list your claim number and should be sent to the U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY, 40742-8300. As is the case with anything sent to the OWCP, you need to note your claim number on every page, send only single sided copies, and keep a copy for your records.

24. How do I get a copy of my Office of Workers' Compensation Programs (OWCP) file?

To receive a copy of your OWCP file, send a signed hard copy request to the U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY, 40742-8300. As is the case with anything you send to the OWCP, please put your claim number on the top of every page, send only single sided copies, and be sure to keep a copy for your records. You are entitled to one free copy of your case under the Privacy Act and you may obtain updates of your case file upon written request at no charge.

You may be charged for additional copies of your case file. If your claim file was created after 2002, you may, if you prefer, request that the copy of your case file be provided in electronic format on a CD-ROM.

25. How do I request a change of physician?

To request a change of physician, put the request in writing, detail the reason you wish to change physicians, include the new physician's name, specialty, and contact information, and sign the request. This needs to be mailed to the U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY, 40742-8300. Your claims examiner will review the request and advise you whether the change is approved. As is always the case, please be sure to include your claim number on every page you send. You will receive written notice of the approval or disapproval of your request.

26. Can I receive my medical transportation and mileage reimbursement payments via direct deposit?

No. At this time, these payments are issued via paper check.

27. Will the Office of Workers' Compensation Programs (OWCP) reimburse me for lunch or other meals when I have to travel for medical treatment?

The OWCP reimburses for travel based on the Federal Travel Regulation (41 C.F.R. 300-304). Per diem reimbursement is covered in Chapter 301-11.1.c. which specifies that you must be in a travel status for more than 12 hours to be eligible for per diem reimbursement (either actual cost or per diem).

28. What is the mileage reimbursement rate for travel to medical appointments?

The current mileage reimbursement rate, effective April 17, 2012, is \$0.55 per mile for privately owned vehicles (POV). Travel to medical appointments is reimbursed according to the rate determined by the General Services Administration (GSA). Therefore, the amount reimbursed by the OWCP is subject to change should the GSA change the POV mileage reimbursement rate.

29. Where can I get copies of the Office of Workers' Compensation Programs (OWCP) forms?

The OWCP website at <http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm> contains many forms that you will need to initiate a claim. There are some forms, such as a CA-1032 (untitled form), that are issued by a claims examiner. If you've been sent a form to complete, have misplaced it, and can't find it at the forms website, please call your district office with jurisdiction over your claim or your Injury Compensation Program Administrator to request a replacement.

30. Where may I obtain the CA-11, When Injured at Work Information Guide for Federal Employees?

The CA-11 is available at <http://www.dol.gov/regs/compliance/owcp/ca-11.htm>.

31. Why isn't the CA-16, Authorization for Examination and/or Treatment, available on the website? How do I get a copy?

The CA-16 is not available on a website because it guarantees payment of medical expenses. Access to this form is limited as it is to be issued by the employing agency and may only be used in certain circumstances. If you are the injured worker, your agency will provide this form if it is appropriate.

32. If an employee has a work-related injury and also suffers damage to personal property, such as clothing, can the employee be paid for such loss?

The Federal Employees' Compensation Act does not provide for reimbursement for loss of personal property. An employee may seek such reimbursement from his or her employer under the Military and Civilian Personal Property Act of 1964, 31 U.S.C. 240.

33. If a case is accepted, does this automatically mean that the Office of Workers' Compensation will pay disability benefits?

No. A condition for which medical benefits are payable may not prevent you from working. The decision regarding payment of disability benefits will be based on the medical evidence.

34. If an employee covered by the Civil Service Retirement System (CSRS) goes back to work with the original employer or another federal employer, will he or she be returned to CSRS, or will he or she be placed in Federal Employee Retirement System (FERS)?

Employees covered by CSRS when they stopped work retain entitlement to CSRS on return to federal employment. They may transfer to FERS within six months after reemployment. Employees covered by FERS when they stopped work remain covered under FERS on return to federal employment.